

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021019

STATE FILE NUMBER

684

FILED JUL 7 1958

Registration District No. 42

Primary Registration District No.

1000

Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 604 No. 4th St.		d. STREET ADDRESS (If outside, give location) 604 No. 4th St.	
3. NAME OF DECEASED (Type or print) First Middle Last DENNIS SYLVESTER MOODY		4. DATE OF DEATH Month Day Year June 26 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 21, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Blowing Rock No. Carolina
13a. FATHER'S NAME Ely Moody		13b. MOTHER'S MAIDEN NAME Not known	14. NAME OF HUSBAND OR WIFE Nettie Moody (Deceased)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If no, or unknown) (If yes, give year of service) Yes 1903 to 1910		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Joseph Macicek Savannah, Mo. R.R. 3
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA, ACUTE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) CARDIAC DECOMPENSATION DUE TO (c) 4344			INTERVAL BETWEEN ONSET AND DEATH 30 MIN. UNK.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from UNATTENDED to and last saw him alive on Death occurred at 1:00P on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE ASSISTANT CITY HEALTH OFFICER J. J. Miller, M.D.		22b. ADDRESS 1302 Farson St. Joseph	
		22c. DATE SIGNED 6-27-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-28-58	
23c. NAME OF CEMETERY OR CREMATORY Miriam Cenetery		23d. LOCATION (City, town, or county) (State) Maryville Missouri	
24. FUNERAL DIRECTOR Stoney Funeral Home		25. DATE RECD. BY LOCAL REG. June 28, 1958	
ADDRESS St. Joseph, Mo.		26. REGISTRAR'S SIGNATURE Mrs. Clark Sandell	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Charles E. Bennett*

Licensed Embalmer No. *4677*
P. O. Address *St. Joseph, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.